

**REMARKS**

This Amendment, submitted in response to the Office Action dated July 17, 2003, is believed to be fully responsive to each point of rejection raised therein. Accordingly, favorable reconsideration on the merits is respectfully requested.

As a preliminary matter, enclosed are formal drawings approved by the Examiner on July 17, 2003. The Examiner is respectfully requested to accept the drawings.

Claims 1-16 are pending in the present application. The Examiner rejected claims 1-16 under 35 U.S.C. § 103(a) as being unpatentable over Teshima USP 6272470 in view of Sota et al. USP 5911687. Applicant notes that the Examiner incorrectly referred to Sato, which is listed in the PTO-892, as Sota throughout the Office action. Applicant submits the following in traversal of the rejections.

In Teshima, a patient and an operator have a card containing patient information and operator information, respectively. When a patient enters a hospital, the operator card and the patient card are inserted in a unit. For security purposes, the system cannot operate without an operator card being first inserted into the system. Column 8, lines 8-11. The operator's information and the procedure and diagnosis of the patient is stored on the patients' card. Column 3, lines 33-35. Certain files, based on size or type, are not stored on the patient card itself, but stored on the card as link information and the actual data is stored on a server. Column 4, lines 66-67 to column 5, lines 1-3. When a patient record is accessed, all of the patient information is displayed. Column 11, lines 40-44, column 8, lines 55-67 to column 9, lines 1-14.

In addition, all information accessible as a link is also displayed. Column 9, lines 25-39, see also Fig. 4.

Sato describes a remote examination system where a patient can be examined by a doctor of his/her choice, without having to be in the same location. A patient searches a database and selects a desired doctor. Upon establishing a connection between the patient and the doctor, the doctor can diagnose the patient. The patient and doctor information is stored on a computer system. If the doctors want tests or images performed, the doctor informs a testing facility located near the patient to perform the desired tests. The testing facility then adds this information to the patient information. See Abstract.

**Claim 1**

The Examiner states that Teshima does not explicitly disclose that a medical image is accompanied with data information. The Examiner also states that Teshima does not disclose inputting the conditions which enable the program to produce into intermediate codes so as to permit the link information to be changed depending on given conditions. See Office Action at pg. 2. The Examiner then states that Teshima discloses that a patient's consultation information is a medical image, wherein each patient's consultation is *associated* with patient information data. Regardless of this statement, the Examiner has already indicated that Teshima does not disclose a medical image *accompanied* with data information.

The Examiner additionally states that Teshima discloses inputting the conditions which enable the program to produce into intermediate codes so as to permit the link information to be changed depending on given conditions, citing column 11, line 58 to column 12, line 10 and column 17, lines 5-32. Although this is not the claim recitation at issue, it appears the Examiner

is trying to establish inputting a desired search condition using a portion of the accompanying information as described in claim 1.

The respective columns and lines cited by the Examiner describe the inputting of information by an operator, the modification of link information due to an update in medical information, and the printing of medical images onto film.

Nothing in the respective columns and lines cited by the Examiner describe the inputting of a search condition, a search for image data according to the search condition and the transmission of the data, as described in claim 1. In particular, Teshima does not appear to perform any kind of search, but merely transmits all available information to an operator. As discussed above, when an operator accesses a patient consultation record, all previous consultations are provided along with links to other files that could not be stored on the card itself. Therefore, at no point is a search condition input.

The Examiner concedes there is a deficiency in Teshimo and cites Sato to cure the deficiency. The Examiner maintains Sato discloses the use of inputting a desired search condition using a portion of the accompanying information from any one of the client terminals to the image database server, the image database server searches for the set of *medical image data* corresponding to the search condition and transmits the set of medical image data to the client terminal, citing column 8, lines 48-56 in support.

The respective columns and lines cited by the Examiner describe a search for various *doctors* based on the requirements of a patient. There is absolutely no indication that a search for medical *image* data is performed using a portion of accompanying information.

Furthermore, there is no motivation for the combination of Sato with Teshima. In particular, the purpose of Sato is remote access to doctors. However, in Teshima, in order for the system of accessing patient information to work, both the operator card and the user card must be inserted into the same system to ensure security, as indicated above. Although these aspects of the references were not cited by the Examiner, the Examiner must look at the references as a whole to determine the obviousness of their combination. MPEP 2145. It is apparent that the combination of Teshima with Sato is not obvious since the purpose of Sato is remoteness between a patient and doctor, whereas in Teshima, the patient and the doctor are ideally in the same location. If the patient and the doctor were not in the same location, the doctor card and the patient card, on which patient information is added, could not be inserted into the input/output apparatus 11. See column 8, lines 8-11 and column 16, lines 11-25. If the patient card could be inserted into any apparatus without an operator card, this could lead to a breach of security. Since the references teach away from each other, the combination is not obvious.

For the above reasons, claim 1 and its dependent claims should be deemed patentable. Since claims 15 and 16 describe similar features, they are patentable for the same reasons.

### **Claim 2**

Claim 2 describes the image database server comparing a password *input* from a *client terminal* with a password stored in advance and *searching* for the set of *medical image data* corresponding to the accompanying information input as the search condition from the client terminal if the passwords match up.

The Examiner maintains Teshima discloses the elements of claim 2 citing column 13, lines 12-16 and column 15, lines 12-25 in support.

The respective columns and lines cited by the Examiner describe an exchange of information between hospitals. An image server from one hospital establishes a communication connection with another hospital. A User command or a Pass command is transmitted and a file stored in one hospital can be transferred to another hospital. The Pass command appears to be internally stored in a system of a hospital. There is no evidence in the reference that the Pass command is input by a *client terminal*, and the Examiner has not established otherwise. Therefore, claim 2 should be deemed patentable. Since claims 12 and 14 teach similar features, they are patentable for the same reasons.

Applicant has added claims 17-26 to provide a more varied scope of protection.

In view of the above, reconsideration and allowance of this application are now believed to be in order, and such actions are hereby solicited. If any points remain in issue which the Examiner feels may be best resolved through a personal or telephone interview, the Examiner is kindly requested to contact the undersigned at the telephone number listed below.

The USPTO is directed and authorized to charge all required fees, except for the Issue Fee and the Publication Fee, to Deposit Account No. 19-4880. Please also credit any overpayments to said Deposit Account.

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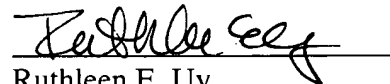
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Respectfully submitted,



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